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FE5AN018

FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

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14 JUL 15 AM 11:08

FURM 3	For An Authorized Committee				Office Use Only		
NAME OF COMMITTEE (in full)	TYPE OR PRIN	ΙΤ ▼	Example: If typing, over the lines.	type 🕽 12FE4	M5		
Ben Sasse for U.S	S. Senate, Inc.	1 1 1 1 1		1 1 1 1 1 1 1) ()] (]	4 1 4 1 1	
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ADDRESS (number and street)		eet		1 1 1 1 1 1	1 1 1 1 1		
Check if differenthan previously reported. (ACC)	t Fremont			NE NE	68025-5029		
2. FEC IDENTIFICATION	ON NUMBER ▼	CITY	<u> </u>	STATE A	ZIP COI	DE A E ▼ DISTRICT	
C C00547976	-0_0_0_d	3. IS THIS REPORT	NEW (N)	OR AM	ENDED NE	00	
4. TYPE OF REPOR (a) Quarterly Report April 15 Qua		(b) 12-Day P	RE-Election Report Primary (12P)		al (12G)	Runoff (12R)	
,			Convention (120	C) Specia	al (12S) in the		
:-N	Quarterly Report (Q3) Year-End Report (YE)	Election (c) 30-Day P	on ! POST-Election Repor	t for the:	State	of 	
		, ! !-	General (30G)	Runof	f (30R)	Special (30S)	
Termination	Report (TER)	Election	on L.	<u> </u>	in the State		
5. Covering Period	M M / D D D D D D 24	2014	through	M M / D D D D D D D D D D D D D D D D D	y " y ' y t 2014		
I certify that I have exami	ined this Report and t			ief it is true, correct	and complete.		
Type or Print Name of Tre	easurer <u>µA</u>	X/A.F	AHLESON	AY.	7 M. D D	Ÿ. Y.Y.Y.	
Signature of Treasurer	(/ / / / ~	X C		Date	7 15	2014	
NOTE: Submission of false	, erroneous, or incomp	lete information m	nay subject the person	n signing this Report	to the penalties of 2	U.S.C. §437g.	
Office Use Only					FEC FOF (Revised 02)		